

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.A.</i>	<i>322</i>	<i>2/14/02</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>6000</i>	<i>2/12</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	2	8
2	✓	3	4
3	✓	4	16
4	✓	5	15
5	✓	6	4
6	✓	7	10
7	✓	8	28
8	✓	9	02
9	✓	10	03
10	✓	11	03
11	✓	12	
12	✓	13	
13	✓	14	
14	✓	15	
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44	✓	45	
45	✓	46	
46	✓	47	
47	✓	48	
48	✓	49	
49	✓	50	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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